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ABRAMSON LAW FIRM,
ATTORNEY-AT-LAW

Michael B. Abramson, Esq.*

P.O. Box 550792

Atlanta, GA 30355

February 4, 2017

* Licensed to Practice in Georgia,
New York, and the District of Columbia

Federal Election Commission
999 E Street, NW
Washington, D.C. 20463

Dear Sir or Madam:

Enclosed is the Statement of Candidacy (FEC Form 2) for Bruce E. LeVell. The
Statement of Candidacy is for the 2017 Special Election in the 6th District of Georgia.

Sincerely yours,

Michael B. Abramson

Michael B. Abramson, Esq.

cc: Bruce E. LeVell

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FEC FORM 2
STATEMENT OF CANDIDACY

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1. (a) Name of Candidate (in full): Bruce E. LeVell

(b) Address (number and street): 4780 Ashford Dunwoody Rd, Ste. 500 Check if address changed

(c) City, State, and ZIP Code: Dunwoody, GA 30338

2. FEC Candidate Identification Number: N/A

3. Is This Statement New (N) OR Amended (A)

4. Party Affiliation: Republican

5. Office Sought: US Congress: Representative

6. State & District of Candidate: GA - District 6

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2017 Special election(s).
 (year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full): LeVell for a Better America, Inc.

(b) Address (number and street): 4780 Ashford Dunwoody Rd, Ste. 500

(c) City, State, and ZIP Code: Dunwoody, GA 30338

DESIGNATION OF OTHER AUTHORIZED COMMITTEES
 (Including Joint Fundraising Representatives)

8. I hereby authorize the following named committees, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.
 NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full): _____

(b) Address (number and street): _____

(c) City, State, and ZIP Code: _____

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate: [Signature] Date: 2-4-17

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 52 U.S.C. §30109.

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NON-PROFIT ORGANIZATION

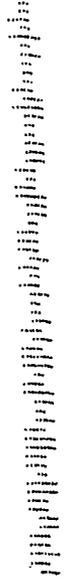
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<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
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 PREPARER

2/10/17
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